PTORSIAGE (08-03)
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Linder the Paperwork Reduction Act of 1980, to persons are required to respond to a collection of information unless it displays a valid OMS control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Sheet. Substitute for Form PTO-875									Accidentation or Docket Number		
#2 CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
FOR MUNISER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
8ASIC FEE G7 CFR 1.18(10)								•	OR		<u>. </u>
	al Claims CFR 1.18(d)		minus 20 = *				× ••		OR	x	
	EPENDENT CLAS CFR 1.18(N)	MS CM	ninus S = 1			1	z •		OR	×	
MILTIPLE DEPENDENT CLASS PRESENT (37 CFR 1.16(4))							+=		OR	+=	
"If the difference in column 1 is tess than zero, enter "O" in onlumn 2.							TÖTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
<i>n1</i>									OR		R THAN
	119/05 1	(Column 1)		(Column 2) HIGHEST	(Column 3)	1	SMALL		1		ENTITY
NT A		REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACCI- TICHAL FEE		RATE	ADDI- TIONAL FEET
ENDMENT	Total (37 CFR LIBES)	1.3	Minus	49	· 6.		X 9=		OR	x 3	A
2	Expendent Expendent	2	Minus	- 4	. 6		x 4•		OR	**	
W	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (\$7 CFR 1.49(4))						+3		OR	••	· .
i	last.					••	TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
7	127/06	(Column 1)		(Column 2)	(Column 3)		. '				•
80		CLAIMS REMAINING	•	HIGHEST MUMBER	PRESENT	ŀ	RATE	ADDI		RATE	ADDI-
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		·	TIONAL PEE			TIONAL FEE
暑	ALCLE FIRM	' 13	Minus	49	9		x 8		OR	x s=	/_
AMEN	Or Chil Flato)	2	Alinus	- 4	8		x 8•	/_	OR	X 8	. /
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.10(4))							+3	•/	OR	+ 3	/
							TOTAL ADDL FEE	/	OR	TOTAL ADDL FEE	
(Column 1) (Column 2) (Column 3)											•
ENTC	•	CLAHAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIQNAL FEE
N.	Total (D'CFR 1.10(d)	•	Minus	• .	•		x \$=		OR	x 1 •	
MENDM	taces reside	•	Minus	•	•		X 5=		OR	x e=	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(4))						+ ş c		OR	+ 5=	
							TOTAL ADDL FEE		OR	YOYAL ACOL FEE	
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" (Total or Independent) is the Highest number bund in the appropriate box in onlymn 1.											

The "Highest Number Previously Peld For" (Total or Independent) is the highest number found in the appropriate box in outsum 1. This content of viriamation is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to fits (and by the ISPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 artifules to complete, notusing gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments in the amount of this jour sequire to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Oesentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS LODRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.